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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *non E/B*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *non E/B*

IF REQUIRED, FOREIGN FILING LICENSE  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 8	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>E/B</i>				
Verified and Acknowledged	Examiner's Signature <i>E/B</i>	Initials		

## ADDRESS

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## TITLE

Method and apparatus for error reduction in an orthogonal modulation system

<b>FILING FEE RECEIVED</b> 1314	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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